

LINDA M. BOGGESS

August 8, 2015

✓
PECO

DOCKET #
C-2015-2483633

This is in Response to your letter of July 24, 2015, my exceptions are:

I do understand about the ruling for CAP Rate, and I feel it should not apply to me as I was told I was not eligible at this time due to an increase in my sister's SSI being increased this past November of 2014.

I was also told they would not apply that increase in our household income till January 2016. While in a different situation that would be favorable to me, it is not in my situation as the 3 months is causing me problems. I feel they should update my increas in income now because e Now with my financial problems and being forced to stay on the Cap Rate puts me in a very ~~un~~ unreasonable strain I should be allowed to drop out of the Cap Rate Program if I want to

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#2

PECO stated in this same letter of July 24, 2015, that they sent me a letter of which I did not respond to. I have not recieved any letter from Peco asking me to respond.

I have also included some copies of my biopsy.

Thank you,
Linda Boggs 8/20/15
Linda Boggs
651 Spruce St
Bristol, PA 19007
215-788-3838

**SIGN
HERE**

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Department of Pathology

Philadelphia / Langhorne, PA 215-612-4752 fax 215-612-4431

Surgical Pathology Report

Patient Name: BOGGESS, LINDA
Med. Rec. #: 00465446 Case #: S14-4558
DOB: 9/28/1954 (Age: 59)
Gender: F Collected: 7/16/2014
Acct. #: 14811796100465 Received: 7/16/2014
Location: T4STD Reported: 7/18/2014
Physician(s): KUMARATNE SIDAT MICHAEL MD
Copy To:

Diagnosis

UTERUS, CERVIX, OVARIES AND FALLOPIAN TUBES; HYSTERECTOMY WITH BILATERAL SALPINGO-OOPHORECTOMY:

- ENDOMETRIUM: ENDOMETRIAL ADENOCARCINOMA, ENDOMETRIOID TYPE, FIGO GRADE 3
- TUMOR INVADES INTO THE INNER ONE THIRD OF THE MYOMETRIUM.
- NO LYMPHOVASCULAR INVASION IDENTIFIED.
- NO INVASION OF ENDOCERVIX.
- RIGHT OVARY AND FALLOPIAN TUBE: NEGATIVE FOR MALIGNANCY.
- LEFT OVARY:
- NEGATIVE FOR MALIGNANCY.
- PRESENCE OF FIBROMA.
- LEFT FALLOPIAN TUBE: NEGATIVE FOR MALIGNANCY.
- TNM CLASSIFICATION: pT1a, NX, MX (AJCC CANCER STAGING MANUAL, SEVENTH EDITION, 2010).

Stage IA grade 3

THIS CASE WAS REVIEWED BY ONE OR MORE MEMBERS OF THE DEPARTMENT IN PART, OR IN ITS ENTIRETY

Electronically Signed Out By Thomas A. Rizzo Jr., M.D. on 7/18/2014 17:03:24

CPT Code(s)

A: 88309-0, 88331-4

Gross Description

jr/7/17/2014 TR

The specimen is received fresh in a container with no fixative labeled with the patient's name and the source "uterus, cervix, tubes, ovaries" and it consists of those structures. The uterus including the adnexa together weigh 118 grams. The uterus measures 8 cm in length x 5 cm in width and about 3 cm in thickness. The cervix measures approximately 2.5 cm in diameter. The external surface of the uterus has a pink color and is relatively smooth. The external surface of the cervix is smooth. Upon opening the uterus and cervix the endocervical canal contains no polyps. Some necrotic appearing pinkish-red tissue is present in the uterine cavity and the endometrium measures up to 0.6 cm in thickness. Cross-section through the myometrium reveals tumor extending less than 50% into the myometrium. A frozen section is prepared from the deepest point of penetration, and the frozen section diagnosis is indicated below. The right ovary is normal in size and measures 2.3 x 1.5 x 1.0 cm. The external surface is smooth and has a pink color. Bisection reveals no abnormality. The fallopian tube measures 5 cm in length x 0.3 cm in diameter. The left ovary measures 2.5 x 1.2 x 1.0 cm and projecting from its surface is a discrete firm white nodule measuring 2 cm in size. Bisection of the nodule reveals a solid consistency and firm homogeneous white tissue. Bisection of the ovary reveals no further abnormality. The fallopian tube

BOGGESS, LINDA

Nurse Rev: [Signature]
Recommendations: [Signature]

Aria Health
Surgical Pathology Report

BOGGESS, LINDA S14-4558

measures 4 cm in length x 0.3 cm in diameter. Several small paratubal cysts filled with clear fluid measure about 0.5 cm together. Multiple representative sections are submitted.

Blocks:
 A1FSc, frozen section control
 A2-3, cervix
 A4-7, uterus
 A8, right ovary and fallopian tube
 A9-11, left ovary, fallopian tube and ovarian nodule

Clinical Diagnosis
 Pre-op dx: uterine cancer. Post-op dx: same.

Clinical History
 Not stated.

Procedure
 Robotic assisted laparoscopic hysterectomy with bilateral salpingectomy/oophorectomy.

Specimen(s) Submitted
 Uterus, cervix, tubes, ovaries.

Intraoperative Diagnosis Thomas A. Rizzo Jr., M.D.
 "Endometrial carcinoma—at least Grade 2—cannot rule out Grade 3. Invasion less than 1/2 of uterine wall." (Diagnosis given by Dr. Rizzo to Dr. Burton)

Rec'd / tracked 7/20/14
 Nurse Rev: EH
 Recommendations _____
 Notify Phone Mail
 Sign Off _____



Patient Name: **BOGCESS, LINDA**
 Med. Rec. #: **00465446** Case #: **C14-1308**
 DOB: **9/28/1954 (Age: 59)**
 Gender: **F** Collected: **7/16/2014**
 Acct. #: **14811796\00465** Received: **7/17/2014**
 Location: **T4STD** Reported: **7/18/2014**
 Physician(s): **KUMARATNE SIDAT MICHAEL MD**
 Copy To:

Philadelphia / Langhorne, PA 215-612-4752
 fax 215-612-4431

Cytology Report

FINAL DIAGNOSIS

ADEQUACY: SATISFACTORY FOR EVALUATION.

PELVIS, WASHING:

- ABSENCE OF MALIGNANT CELLS.

Electronically Signed Out By Thomas A. Rizzo Jr., M.D. on 7/18/2014 17:00:49

CPT Code(s)

A: MSCFL-88112

Clinical Diagnosis

Pre-op dx: uterine cancer. Post-op dx: same. Findings: normal size uterus, benign appearing tube/ovaries bilaterally, adhesion of sigmoid to left pelvis/adnexa c/w history of diverticulosis. No peritoneal nodularity.

Clinical History

Not stated.

Specimen Description

Source:

A: PELVIC PERITONEUM, WASHING

Material Received:

Received in Cytolyt—45 ml clear colorless fluid.

Rec'd / Track'd 7/21/14
 Nurse Rev: ETB
 Recommendations _____
 Notify Phone Mail
 Sign Off 7/21



Linda W. Boggess
 651 Spruce St.
 Bristol, PA 19007-3711



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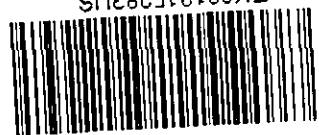
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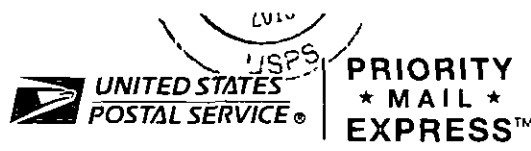


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